

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039770

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registrar's District No. 290

Primary Registration District No.

Registrar's No. 120

FILED OCT 17 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood		c. CITY OR TOWN Waynesville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) South Lynn & Fort Street	
3. NAME OF DECEASED (Type or print) First Henry Middle Eugene Last Lee		4. DATE OF DEATH Month October Day 5 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5 Apr 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enlisted Man		10b. KIND OF BUSINESS OR INDUSTRY US Army	
11a. FATHER'S NAME Deceased		11b. MOTHER'S MAIDEN NAME Lavina Eugenia (unk)	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 22 yrs		12b. SOCIAL SECURITY NO. [REDACTED]	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Hemorrhage and Aspiration		13. INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Avulsion of left internal carotid artery			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Gunshot wound in head	
20c. TIME OF INJURY Hour 1115 am pm Month, Day, Year 10 5 62			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Waynesville, Pulaski, Missouri	
21. I attended the deceased from 5 October 1962 to 5 October 1962 and last saw her/him alive on Never Death occurred at Dead on arrival 11:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Julian C. Wallace</i> Julian C. Wallace, Capt, MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	
22c. DATE SIGNED 5 Oct 62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-7-1962	23c. NAME OF CEMETERY OR CREMATORY Neodesha, Kansas Cem	23d. LOCATION (City, town, or county) (State) Neodesha Kansas
24. FUNERAL DIRECTOR Palmer Funeral Home Lebanon Mo		25. DATE RECD. BY LOCAL REG. 10-7-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James Douglas Huswold

Licensed Embalmer No. 5077

P. O. Address Hebron Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Attended

10/7/62